Volunteer Application

Contact Information:

Name: _____

Address:_____

School (If applicable): _____

Phone: _____

E-mail: _____

Availability:

During which hours are you available for volunteer assignments?

☐ Morning ☐ Afternoon ☐ Evening

Monday☐ Tuesday ☐Wednesday ☐Thursday ☐ Friday ☐ Saturday☐

Task Type (Pick Any/All of Interest):

- Regularly each week for ____hours
- Work on a Special Project _____ (ex. Book sale, program, etc.)

Interests:

Please indicate if you have a preference for the type of work or library department of interest. (While we will try to place volunteers based on their area of interest, we may not always be able to accommodate the request.)

_____

_____

_____

Special Skills /Qualifications/Preferences:

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

_____
_____
_____

Previous volunteer experience:

Summarize your previous volunteer experience.

_____
_____
_____

Physical Limitations:

Some library work involves physical exertion, standing, or close visual work. Please list any physical limitations that might affect your volunteer placement.

_____
_____
_____

Person to Notify in Case of Emergency:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Agreement and Signature:

I hereby agree to not make any claim or demand or to institute, press, or in any way aid any claim, demand action or causes of action or legal proceeding of whatever nature against the Bayonne Public Library or Bayonne Public Library Board of Trustees for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my performance of volunteer services to the Library that are not caused by or the result of the negligence of the Library, Library staff, or other city employee. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):_____

Signature: _____

Date: _____

Equal Opportunity Policy Notice:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

School:_____Grade:_____

Parent Name (Please Print):_____

Address:_____

Phone #:_____

I give permission for my child _____ to serve as a volunteer for the Bayonne Public Library.

Parent / Guardian's signature:_____

Date: _____